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FILED

Jun 24 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000003658 (8)
1. Corporation Name

PRECISION CUTS + SPA INC.

Principal Place of Business

10189 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

Home Address

10189 W SAMPLE ROAD
CORAL SPRINGS, FL 33065

2. Principal Place of Business

21 9705 W. SAMPLE ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 9705 W. SAMPLE ROAD
Suite, Apt. #, etc.

22 City & State
23 CORAL SPRINGS, FL
24 Zip 33065

27 City & State
28 CORAL SPRINGS, FL
29 Zip 33065

3. Name and Address of Current Registered Agent

DELIA Y. CHAN
9707 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-13-95

4. FEI Number

63-0349040

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.04 and 607.0509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of corporation, if applicable

(NAME) Registered Agent signature required when incorporated

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

PRES.
DELIA Y. CHAN
9707 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065

TITLE NAME STREET ADDRESS CITY-STATE-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-STATE-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-STATE-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-STATE-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-STATE-ZIP

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91 TITLE 92 NAME 93 STREET ADDRESS 94 CITY-STATE-ZIP

101 TITLE 102 NAME 103 STREET ADDRESS 104 CITY-STATE-ZIP

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151 TITLE 152 NAME 153 STREET ADDRESS 154 CITY-STATE-ZIP

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261 TITLE 262 NAME 263 STREET ADDRESS 264 CITY-STATE-ZIP

271 TITLE 272 NAME 273 STREET ADDRESS 274 CITY-STATE-ZIP

281 TITLE 282 NAME 283 STREET ADDRESS 284 CITY-STATE-ZIP

291 TITLE 292 NAME 293 STREET ADDRESS 294 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information
indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an
officer or director of the corporation or the recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in
Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature]

6/19/98